

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)? No

Number of copies of CRF::

Title :: METHOD AND SYSTEM FOR REPAIRING
ENDOSSEOUS IMPLANTS, SUCH AS WITH A
BONE GRAFT IMPLANT

Attorney Docket Number:: 900122.460

Request for Early Publication? No

Request for Non-Publication? No

Suggested Drawing Figure::

Total Drawing Sheets:: 22

Small Entity? No

Petition included? No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.? No

First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Scott
Middle Name::	D.
Family Name::	Ganz
Name Suffix::	
City of Residence::	River Vale
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	214 Patriot Lane
City of mailing address::	River Vale
State or Province of mailing address::	NJ
Country of mailing address::	US
Postal or Zip Code of mailing address::	07024

Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Peter
Middle Name::	A.
Family Name::	Materna
Name Suffix::	
City of Residence::	Metuchen
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	81 Rector Street

City of mailing address:: Metuchen
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08840

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Roger
Middle Name:: C.
Family Name:: Stikeleather
Name Suffix::
City of Residence:: Doylestown
State or Province of Residence:: PA
Country of Residence:: US
Street of mailing address:: 6166 Stovers Mill Road
City of mailing address:: Doylestown
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 18901

Fourth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas
Middle Name:: J.
Family Name:: Bradbury

Name Suffix::

City of Residence:: Yardley

State or Province of Residence:: PA

Country of Residence:: US

Street of mailing address:: 30 Lower Hilltop Road

City of mailing address:: Yardley

State or Province of mailing address:: PA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 19067

Correspondence InformationCorrespondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/450,411	02/26/03

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Therics, Inc.
Street of mailing address::	115 Campus Drive
City of mailing address::	Princeton
State or Province of mailing address::	NJ
Country of mailing address::	US
Postal or Zip Code of mailing address::	08540

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